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PTO/SB/21 (09-04)

# TRANSMITTAL FORM

*(to be used for all correspondence after initial filing)*

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number 10/080,652-Conf. #8139
		Filing Date February 22, 2002
		First Named Inventor Gregory B. Altshuler
		Art Unit 3739
		Examiner Name David M. Shay
Total Number of Pages in This Submission		Attorney Docket Number 105090-0076RCE

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final with Request for Continued Examination	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> COPY OF: Power of Attorney and, Change of Correspondence Address (w/Attachment(s) (previously filed)	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<b>Remarks</b>	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	NUTTER MCCLENNEN & FISH LLP		
Signature			
Printed name	Thomas J. Engellenner		
Date	August 29, 2005	Reg. No.	28,711



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<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b>		<b>Complete if Known</b>	
<b>Fee TRANSMITTAL</b> <b>For FY 2005</b>		Application Number	10/080,652-Conf. #8139
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	February 22, 2002
<b>TOTAL AMOUNT OF PAYMENT</b> <b>(\$)</b> <b>\$720.00</b>		First Named Inventor	Gregory B. Altshuler
		Examiner Name	David M. Shay
		Art Unit	3739
		Attorney Docket No.	105090-0076RCE

<b>METHOD OF PAYMENT</b> (check all that apply)					
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____					
<input type="checkbox"/> Deposit Account   Deposit Account Number: <u>141449</u> Deposit Account Name: <u>Nutter McClellan &amp; Fish LLP</u>					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17			<input checked="" type="checkbox"/> Credit any overpayments		

<b>FEE CALCULATION</b>						
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>						
<b>Application Type</b> Utility Design Plant Reissue Provisional	<b>FILING FEES</b> <u>Fee (\$)</u>		<b>SEARCH FEES</b> <u>Small Entity Fee (\$)</u>		<b>EXAMINATION FEES</b> <u>Small Entity Fee (\$)</u>	
	300	150	500	250	200	100
	200	100	100	50	130	65
	200	100	300	150	160	80
	300	150	500	250	600	300
	200	100	0	0	0	0
<b>2. EXCESS CLAIM FEES</b>						
<u>Fee Description</u> Each claim over 20 (including Reissues) <u>Fee (\$)</u> <u>Small Entity Fee (\$)</u> 50      25						
Each independent claim over 3 (including Reissues) <u>Fee (\$)</u> <u>Small Entity Fee (\$)</u> 200      100						
Multiple dependent claims <u>Fee (\$)</u> <u>Small Entity Fee (\$)</u> 360      180						
<u>Total Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u> 90      - = 0      x 0 = 0						
<u>Indep. Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u> 27      - = 1      x \$100.0 = 100.00						
<b>3. APPLICATION SIZE FEE</b> If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						
<u>Total Sheets</u> <u>Extra Sheets</u> <u>Number of each additional 50 or fraction thereof</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u> - 100 =      /50      (round up to a whole number) x      =						
<b>4. OTHER FEE(S)</b> Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 2252 Extension for response within second month <u>Fee (\$)</u> 225.00 2801 Request for continued examination (RCE) (see 37 ... <u>Fee (\$)</u> 395.00						

<b>SUBMITTED BY</b>						
Signature			Registration No. (Attorney/Agent)	28,711	Telephone	(617) 439-2000
Name (Print/Type)	Thomas J. Engellenner		Date	August 29, 2005		

<b>Fee Transmittal</b> I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.					
Dated: August 29, 2005		Signature:  (Thomas J. Engellenner)			